

Inspection Report

Name of Service: Greenfield

Provider: Western Health and Social Care Trust

Date of Inspection: 25 August 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Western Health and Social Care Trust
Responsible Individual:	Mr Neil Guckian
Registered Manager:	Ms Shannon Simpson
<p>Service Profile – This home is a registered residential care home which provides health and social care for up to 25 residents. The ground floor unit specifically provides care for residents living with dementia.</p> <p>There are a range of communal areas throughout the home and residents have access to an enclosed courtyard garden.</p>	

2.0 Inspection summary

This unannounced inspection took place on 25 August 2025, from 9.30am to 2pm. The inspection was conducted by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress the areas of improvement identified by RQIA, during the last care inspection on 29 May 2024. All previous areas of improvement were reviewed as met. One previous area of improvement was carried forward to be reviewed at the next inspection.

The inspection found that safe, effective and compassionate care was delivered to residents and the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and the staff were knowledgeable and trained to deliver safe and effective care.

Residents said that living in the home was a good experience.

As a result of this inspection, one area of improvement was made. Full details of this area of improvement can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents said that they were well cared for, staff were kind and attentive, they enjoyed the meals and the atmosphere in the home was good. Some of the comments made included the following statements; "This place is the best. I am very happy here.", "It's all working out well here. I feel safe and like the company.", and "They (the staff) are just bending over backwards to help you. You couldn't find fault here."

Staff said they were happy with their roles and duties, that there was good team working and morale and they received good training and support. Staff also said that they felt the standard of care provided was very good.

Feedback from five resident / representative questionnaires were all positive.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing is brought about by staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Agency staff on duty said that they received a good induction to the home and were employed on a regular block basis to ensure consistency and knowledge of residents' needs and care.

Observation of the delivery of care evidenced that the number and skills of the staff on duty met residents' needs. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

There was an effective system in place to manage the registration of care staff with the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. A daily safety brief / handover report is completed in an informative manner to compliment the verbal handover of information. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff interactions with residents were respectful, warm, polite and friendly.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

Examination of care records and discussion with the staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social well-being of residents.

The dinnertime meal was appetising, wholesome and nicely presented. A choice of meal was in place. Staff assistance and support was organised and unhurried. It was observed that residents were enjoying their meal and their dining experience.

3.3.3 Management of Care Records

A suitably qualified member of staff assessed residents' needs at the time of their admission to the home. Following the initial assessment care plans are developed to direct staff on how to meet residents' needs and will include any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Progress records were well written with issues of assessed need having a recorded statement of care / treatment given and effect of same.

Residents' care records were held confidentially.

3.3.4 Quality and Management of Residents’ Environment Control

The home was clean, tidy and well maintained. Residents’ bedrooms were comfortable and suitably facilitated. Communal areas were nicely decorated, suitably furnished and comfortable.

The grounds of the home were maintained very well with good accessibility for residents to avail of.

An area of improvement was made to make good the paint work and décor in the designated smoking lounge, as well as removal of all inappropriate storage in the room.

The home’s most recent fire safety assessment was dated April 2024, had corresponding evidence recorded in response to recommendations made. The manager has submitted a request for this assessment to receive its annual review.

Fire safety training, safety drills and safety checks in the environment were maintained on an up-to-date basis.

Cleaning chemicals were stored safely and securely.

Observations of care practices and review of records confirmed appropriate protocols were in place with infection prevention and control, including staff training in this area.

3.3.5 Quality of Management Systems

Ms Shannon Simpson is the acting registered manager of the home. Staff spoke positively about the managerial support, saying that they would have no hesitation in reporting issues of concern and felt these would be dealt with appropriately.

There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits, care records, and falls and accidents.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified to all relevant stakeholders.

The home was visited each month by a representative of the Responsible Individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

4.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	2*

* The total number of areas for improvement includes one area which is carried forward for review at the next inspection.

The one area of improvement and details of the Quality Improvement Plan was discussed with Ms. Debbie Olphert, Senior Care Assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Residential Homes, December 2022	
Area for Improvement 1 Ref: Standard 19.2 Stated: First time To be completed by: 30 May 2024	The registered person shall ensure that the manager has oversight of the recruitment process including all pre-employment checks.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 27.1 Stated: First time To be completed by: 25 September 2025	The registered person shall make good the décor and inappropriate storage of furnishings in the designate smoking lounge. Ref: 3.3.4
	Response by registered person detailing the actions taken: The manager has ensured that the designated smoking room has been repainted. In regards to the items being inappropriately stored in this area, the manager has made a request to the Trust Estates dpt for the items to be moved.

****Please ensure this document is completed in full and returned via the Web Portal****



The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews